FEC

Only

STATEMENT OF

ORGANIZATION FORM 1 C COffice Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. IISSISSIPPI SENATORIAL ADDRESS (number and street) (Check if address is changed) CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) nitedStatesSenatorialCaucuses@yahoo.com (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) 10" 29° 2012 DATE C **FEC IDENTIFICATION NUMBER** IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. RICHARD KEVINSTON Type or Print Name of Treasurer Date Signature of Treasurer NOTE: Submission of false, erroneous, or inetimplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 02/2009) Toll Free 800-424-9530

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